
Questions From Our Readers

Maternal-Infant Attachment, Naturally

Judith A. Lothian, RN, PhD, LCCE, FACCE

JUDITH LOTHIAN is a childbirth educator in Brooklyn, New York, and the Chair of the Lamaze International Certification Council.

Abstract

In answer to a reader's question about the necessity of prenatal sonograms, this column asserts that, unless there is a serious medical problem, mothers should depend less on technology and more on their natural abilities to foster the all-important bond with their babies.

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Question: Prenatal sonograms are now being touted as an important way to foster prenatal attachment. The women in my Lamaze classes are convinced that having a sonogram is important so that "I can attach to my baby." I would like to talk more about attachment in my classes and need advice about how best to do this.

Answer: Occasionally there are important reasons to have a sonogram prenatally, but fostering attachment of mother to her baby is not one of them.

Attachment and *bonding* are terms used to describe the mother-infant tie to each other. Bowlby (1969) first observed the detrimental effect of the separation of children from their parents during the London blitz of World

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War II. His life work focused on the importance of children's attachment to their own parents and to subsequent caregivers, and on the serious consequences of creating environments in which children are unable to form secure attachments to others. Ainsworth, Blehar, Waters, and Wall (1978) extended Bowlby's work. Research in the United States and Africa formed the foundation for understanding the factors that enhance formation of the tie between children and their mothers. Ainsworth et al. identified that attachment develops through the interaction of mother and child. Without interaction and being together, attachment does not occur. Bowlby and Ainsworth et al. suggest that the development of secure attachments early in life is critical and affects later development in other areas. Klaus and Kennell (1982, 1995) studied the factors that seemed to enhance or detract from a mother's ability to bond to her baby. Klaus and Kennell describe the tie of mother to her baby as *bonding* and the tie of baby to mother as *attachment*. Attachment and bonding refer to the same phenomenon: the tie of mother and child to each other. The different terminology reflects the difference in perspective that exists when the phenomena are explored from the standpoint of the mother or the baby. Klaus and Kennell describe the hours after birth as a "sensitive" period. Research over the past 20 years supports the idea that there is a maternal preoccupation and openness during both the last weeks of pregnancy and the few weeks after the birth of the baby. This condition of preoccupation and openness allows mother to sense her infant's needs and respond to them in a sensitive, timely manner. During labor, oxytocin release not only maintains contractions of the uterus but also alters consciousness, decreases pain perception, and facilitates emotional openness. In animals, oxytocin is referred to as a *love hormone* and its presence is essential for the mother to accept and care for her offspring. Oxytocin release after birth and during breastfeeding contracts the uterus to prevent postpartum hemorrhage. The high levels of oxytocin also induce sleepiness, euphoria, and contentment in mother. The baby further stimulates mother to respond by emitting small noises, smiling, and gazing. For all of these reasons, the early hours after birth are sensitive; the mother and infant are tuned to each other and ready—on an emotional, physiological, and behavioral level—to establish a pattern of mutually rewarding interactions.

Like most aspects related to pregnancy, birth, and breastfeeding, stepping back and looking at things simply has value. In actuality, the process of attachment is the age-old story of mothers and babies falling in love. Nature has designed the process simply and elegantly. The most important ingredient to make it happen is being together.

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The dance of pregnancy is the perfect setting for the intimate mother-infant interaction. It develops the strong and perfect beginning of the bond between mother and child. Right from the start of pregnancy, baby announces his presence with physical and emotional changes in mother. Mother responds by changing her life to make accommodation; for example, she sleeps more, urinates more frequently, and avoids some foods while craving others. Months before she will feel her baby move, mother is aware of another presence in her life. By the time she feels her baby's first movements, mother's clothes have been exchanged for a different look that announces to the world that there is someone else around. Baby moves, stretches, and kicks as he gets comfortable or responds to movements of his mother. Baby grows and mother becomes increasingly short of breath. For 9 months, mother and baby move in unison: they change, grow, and adapt to each other. Baby kicks and mother massages her belly. Baby moves and mother changes her position. Mother and baby move through the last months of pregnancy intimately connected, yet each remains very much her and his own person. By the time labor starts, mother and baby know each other very well. During labor, mother continues to respond both to her body and her baby as the contractions come and go. She moves, she moans, she rubs, and she talks to her baby. The excitement and the work escalate. Her baby is born and finally rests in her arms. They gaze at

each other, touch and smell each other, and feel each other's warmth. They are old friends, really. Like all friends meeting in a new place, they are hungry just to be together. Baby listens and watches his mother intently. He crawls across her belly to her breast and finds nourishment. Mother watches his incredible capability, counts fingers and toes, and envelops her baby with her body as she has done for all the months of pregnancy. As baby nurses, mother holds him close, and he looks right at her. She coos and he coos back. They smile at each other. Mother and baby have fallen in love. Each moment they are together, the bond will become stronger.

The most important conditions necessary for attachment to occur naturally are present in this scenario: being together and interacting. Two things are striking in this love story of natural attachment: (a) Mother and baby are together in an environment that neither pressures nor distracts them from each other and (b) modern technology is nowhere to be found. In fact, the pressures and distractions of everyday life, together with the technology that has become a routine part of modern maternity care, threaten the simple, natural development of attachment in powerful ways.

Women have always been busy during pregnancy, but it is a modern phenomena that women move through pregnancy committed to "not letting it interfere" with their lives. Rather than living in the moment, fully experiencing the wonder of pregnancy, women are more likely to move through pregnancy frightened of everything that can go wrong. The current maternity care system does little to increase women's confidence. Prenatal testing, hospital routines, and physician-managed care contribute to women's sense that without expert help they would be unable either to sustain a pregnancy or to give birth safely. Women are amazed when they hear that their own inner wisdom during both pregnancy and birth is their best guide. Inner wisdom requires listening to one's body, one's baby, and one's heart. It is this natural adherence to listening and responding—the simple interaction of mother and baby—that is necessary for attachment to grow. Seeing one's baby on sonogram is powerful testimony of his existence, but so is nausea, weight gain, or fetal movement—all of which probably emerge over time in exactly the right way to facilitate the growth of attachment. It takes all of pregnancy to be ready to be a mother. Taking the pressure off pregnant women so that they can trust themselves and delight in their grow-

ing baby is an important way to facilitate the natural development of attachment.

Technology and maternity care practices routinely interfere with the simple interaction of mother and baby in either of two ways: (a) by decreasing mother's confidence in herself (electronic fetal monitoring) or (b) by actually separating mother from her baby. Klaus (1998) implores health care providers to alter hospital protocols that separate mothers from their babies (e.g., removing newborns from their mothers to conduct physical examinations and to regulate temperatures). Can attachment take place in spite of technology and current maternity care practices? Human beings have an amazing capacity to adapt and make a go of things no matter how difficult, but that should not be rationale for continuing practices that are roadblocks for women and their babies as they fall in love. Unlike 50 years ago, there is evidence to support the importance of the early interactions between mother and her baby. It makes no sense to acknowledge the importance of the tie of mother and her child, develop sophisticated ways of evaluating attachment and bonding, and then create emotional and physical environments that interfere with the very thing we wish to encourage. Women and their babies should not have to wait to fall in love until weeks after birth. We need to create birth environments in which mother and baby are together continuously—unhurried, encouraged, and protected. Unless there is a serious medical problem, nothing should take higher priority than mother and baby being together (Enkin, Kierse, Renfrew & Neilson, 1995).

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What do the women in your class need to know? Let women know that throughout pregnancy mothers and babies are already getting to know each other. The tie of mother and baby to each other is meant to grow slowly and solidly throughout pregnancy, during the birth, and

in the early hours, days, and months of baby's life. It is all meant to happen simply and naturally in the process of being together, interacting, and getting to know each other. Encourage the women in your classes to insist that their babies stay with them from the moment of birth. And encourage women to trust the wisdom they have within themselves as they embark on the lifelong journey of motherhood.

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